Chapter VIII: Child Protective Services

Change # 01-2007

Community Child Protection Team

January 2007

1434 - COMMUNITY CHILD PROTECTION TEAM CHANGE # 01-2007 January 2007

I. PURPOSE AND AUTHORITY

The North Carolina Division of Social Services (hereafter, the Division) is committed to the purpose of involving communities in protecting children. Individual communities have an opportunity to assure the protection of children in the community. Communities will make this determination based on North Carolina's child protection laws, community values, expectations, resources, etc. Child protection interest in communities will acknowledge a parent's rights to safely rear children as the parent chooses, will consider a wide range of parenting practices, and will allow children to be protected within their cultural and ethical beliefs.

The Division recognizes child protection as a community responsibility. The Community Child Protection Team is one formal process that is used to ensure child protection while also providing social support.

Community Child Protection Teams (hereafter, CCPT) were established as one means for the state and local communities to form a partnership to strengthen child protection. CCPT were established in response to Executive Order 142 in May 1991. The duties and responsibilities of the CCPT are contained in 10A NCAC 70A .0201. The original purpose and composition of the team was further formalized and expanded by N.C.G.S. §7B-1406 (formerly N.C.G.S. §7A 143-576.1), effective July 1, 1993.

The Federal Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized and amended by the "The CAPTA Amendment of 1996" (Public Law 104-235) on October 3, 1996. Section 106 (formerly 107) of CAPTA's Title I was amended to direct the focus of the State grant program to one of support and improvement of State child protective services (hereafter, CPS) systems.

One of those requirements established by CAPTA was the establishment of Citizen Review Panels. The purpose of these panels is to provide new opportunities for citizens to play an integral role in ensuring that states are meeting their goals of protecting children from abuse and neglect. In 1997, North Carolina designated the CCPT as its Citizen Review Panel.

In North Carolina, each CCPT reviews active child welfare cases, fatalities, and other cases brought to the team for review. The purpose of the case reviews is to identify systemic deficiencies in child welfare services or resources. Once identified, teams develop strategies to address the gaps in the child welfare system within the county and report to the state areas of concern that warrant

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action by the state. Teams promote child well-being through collaboration. CCPT also promote child well-being through public awareness.

In order for North Carolina to be in full compliance with the conditions of CAPTA, CCPT are required to:

- examine the policies and procedures of state and local agencies
- review specific cases where appropriate

CCPT may review other criteria that it considers important to ensure the protection of children, including the extent to which state CPS is coordinated with the <u>Title IV-E</u> foster care and adoption program.

- II. NATURE AND PURPOSE OF THE COMMUNITY CHILD PROTECTION TEAM (N.C.G.S. § 7B-1406)
 - A. The CCPT is an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect. The CCPT is not a Department of Social Services (DSS) team.
 - **B.** The CCPT may not encompass a geographic nor governmental area larger than one county.
 - C. The CCPT shall consist of representatives of public and nonpublic agencies in the community that provide services to children and their families and other individuals who represent the diversity of the community. Membership is mandated by law and includes:
 - 1. The **county director of social services** and a member of the director's staff;
 - 2. A **local law enforcement officer**, appointed by the board of county commissioners;
 - 3. An **attorney** from the district attorney's office, appointed by the district attorney;
 - 4. The executive director of a local community action agency, as defined by the Division of Economic Opportunity, Department Health and Human Services, or the executive director's designee;
 - 5. The superintendent of each local school administrative unit located in the county, or the superintendent's designee;
 - 6. A **member of the county board of social services**, appointed by the chair of that board;

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- 7. A local **mental health professional**, appointed by the director of the area authority established under <u>N.C.G.S. §122-C</u>;
- 8. The local **guardian ad litem coordinator**, or the coordinator's designee;
- 9. The director of the department of public health; and
- 10. A local **health care provider**, appointed by the local board of public health.

The board of county commissioners may appoint a maximum of five additional members to represent various county agencies or the community at large to serve on any local team. Team members appointed by the board of county commissioners should represent the diversity of the community. This is an opportunity for teams to involve all aspects of the community that impact children or have the potential to impact children.

CCPT members may appoint an advisory committee to augment the team process. This committee may be composed of individuals that represent county entities that have child well-being as a focus but are not included in the mandated composition of the CCPT. The advisory committee may serve at the pleasure of the CCPT in whatever capacity the CCPT deems necessary. It is important that all members of the CCPT feel a part of the team, as the team pursues its purpose of protecting children.

When a mandated team member is by law a member of the CCPT in more than one county, that member is encouraged to select a designee who resides in the county where the team is located. This action will insure that local CCPT members have a vested interest in advancing child protection based on the needs of children and families in their county.

The original appointing authority shall fill vacancies within the CCPT. A list of each county's CCPT members shall be forwarded to the Division in January of each year. The list should include the mailing address, telephone number, and agency or group affiliation of each member.

III. STANDARD OPERATING PROCEDURES

The chairperson shall assure that each team develops standard operating procedures that include:

- meeting logistics (i.e., frequency, times, locations, etc.)
- membership composition
- substitution of agency representatives;
- terms of office for chairpersons

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- management of habitual absentees
- procedure for informing members of cases to be reviewed
- responsibility for record keeping and what will be included in CCPT records
- plan for recruiting new members
- method of reviewing and commenting on child welfare laws, policy and practice
- plan for including consumers in the CCPT process
- confidentiality policy
- plan for identifying training needs and informing the Division of those training needs
- management of public awareness campaigns that support child wellbeing
- how CCPT manages team conflicts

IV. DUTIES AND RESPONSIBILITIES OF THE CHAIR (N.C.G.S. § 7B-1407(g))

- **A.** Each local team shall elect a member to serve as chairperson at the Team's pleasure. The chairpersonshall schedule meetings, including time and place, and shall prepare an agenda.
- **B.** The chairperson should be an individual who is a proven leader and is willing to dedicate ample time and energy towards team maintenance.
- C. The chairperson shall participate in training developed by the Division of Social Services. Training opportunities for CCPT may be accessed through the learning site for North Carolina's Human Service Professionals: http://www.ncswlearn.org. Such training shall address the role and function of the child protection team, confidentiality requirements, an overview of CPS law and policy, and team record keeping. The Division shall be notified when a new chairperson is elected.

V. DUTIES OF THE COUNTY DIRECTOR OF SOCIAL SERVICES (N.C.G.S. §7B-1409)

The CCPT is a community team. The team is not a DSS team. The Division will channel CCPT business and information through the CCPT Chairperson and the county DSS Director as a means of continuity. To augment the CCPT process the county DSS Director with the CCPT Chairperson shall perform the following duties:

A. Assure the development of a CCPT handbook to include the composition of membership, frequency of meetings, confidentiality policies, training of members. Additional areas which may be addressed in the operating procedures include, but are not limited to: terms of membership,

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absenteeism, substitution of agency representatives, expectations for decision-making and recommendations, procedures for follow-up, identification of a media spokesperson, reports to the board of county commissioners and duties and responsibilities of members, and procedures for bringing non-DSS cases for review. The team may also establish parameters for responding to community requests that expand the team role. The director shall ensure that all procedures are updated by the team as needed, reflecting changes in policy and law.

- **B.** Assure that the Team defines the categories of cases that are subject to its review
- **C.** Determine and initiate cases for review
- **D.** Bring for review **any** case requested by a Team member
- **E.** Provide staff support for these reviews
- **F.** Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Team, and signed confidentiality statements required under N.C.G.S.\§7B-1413, in compliance with applicable rules and law
- **G.** Report quarterly to the county board of social services, or as required by the board, on the activities of the Team

VI. RESPONSIBILITY FOR TRAINING OF TEAM MEMBERS (N.C.G.S. §7B-1411)

The Division is required by statute to develop and make available on an ongoing basis a CCPT operational handbook outlining confidentiality requirements, overview of child protective services law and policy, and team record keeping.

Teams are encouraged to integrate training into the structure of the team meetings on an ongoing basis. Such training may be offered by the county DSS staff or supervisors, the Children's Programs Representatives from the Division of Social Services, child welfare attorneys, other staff from the Family Support and Child Welfare Section, experts from the community and the Division's CCPT Coordinator. Cooperative training, sponsored by teams from other nearby counties as well as from the team's own team members, is also encouraged.

VII. FREQUENCY OF MEETINGS (N.C.G.S. § 7B-1407(g))

CCPT meetings shall be scheduled with sufficient frequency to review defined cases, but must meet at least quarterly. In deciding the frequency of team meetings, it is important to note that meeting frequency impacts on team

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effectiveness and participation. Additional meetings may be scheduled in order to review child fatalities in a timely manner.

VIII. DUTIES AND RESPONSIBILITIES OF THE CCPT (N.C.G.S. §7B-1406)

Review active cases in which abuse, neglect, or dependency is found and that are:

- **A.** Selected from categories defined by the team
- **B.** Brought for review at the specific request of a team member
- **C.** Brought for review at the initiative of the director of the department of social services

Federal and State laws require that a citizen review panel be in place to review certain cases receiving child welfare services. In North Carolina CCPT has been designated as the Citizen Review Panel, required by the Child Abuse Prevention and Treatment Act. This review panel shall include consumers of child welfare services. An example of a child welfare consumer may be a family member that has experienced the child welfare process through case management services, foster care services, adoption services, etc. Families that will benefit the CCPT process are families who can add an objective element to discussions around gaps in services and resources; developing strategies to address deficiencies, etc. A main focus for Citizen Review Panels is evaluating how child welfare policy established on a federal or state level impacts families and children on a local level.

The purpose of reviews shall be to:

- **A.** Identify whether gaps and deficiencies exist within the community child protection system which have impact on the incidence of abuse, neglect, or dependency or on the child fatality
- **B.** Increase public awareness about conditions that impact on child protection within the community
- **C.** Advocate for system changes by promoting collaboration between agencies in the creation or improvement of resources for children as a result of their review of selected cases
- **D.** To use the CCPT as a means to assist the county director in the protection of children living in the family being reviewed and to inform the county commissioners about actions needed to prevent or ameliorate child abuse, neglect, or dependency.

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IX. SELECTION OF CASES FOR REVIEW

Categories of cases reviewed by the team are to be based on local need, but may include one or more of the following groups of children noted in the literature to be at higher risk of subsequent injury or death as a result of child abuse, neglect, or dependency:

- A. Substantiated cases of abuse, including sexual abuse (when considering substantiated cases that warrant a CCPT review, it is recommended that the cases reflect family issues that indicate a gap in services or a need for team collaboration)
- **B.** Reports of neglect of a child, especially when made by a medical provider (specifically reports of maltreatment involving dehydration, bruises, broken bones, positive tests for controlled substances, etc.)
- Cases in which the department has "Substantiated" or found the family to be "In Need of Services" two reports within a specific period, regardless of the type of report or referral source
- **D.** Families that have been reported several times over a short span of time and the reports were screened out **or** other cases at the request of a team member, including children receiving any child welfare services, cases known to team members where there are indications that child has been affected by a deficiency in a community system or resource
- E. Child fatalities

X. REVIEW OF CHILD FATALITIES

Each CCPT shall review fatalities which are suspected to have resulted from child abuse, neglect or dependency; **and** the county DSS has had contact through its child welfare programs with the child or family within the 12 months preceding the child's death.

For more detailed information on the Child Fatality Review process please refer to: Family Services Manual Volume I; Chapter VIII; Section 1432 – State Child Fatality Review Protocol.

XI. REPORT TO THE BOARD OF COUNTY COMMISSIONERS

N.C.G.S. §7B-1406, requires that the team submit an annual report to the board of county commissioners which contains recommendations, if any, and advocate for system improvements and needed resources when gaps and deficiencies exist. In January of each year a copy of the report to the Board of County commissioners will be sent to the Division along with the CCPT End of Year Report.

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XII. MULTIPLE RESPONSE SYSTEM (MRS)

The Multiple Response System is a reform of the entire continuum of child welfare in North Carolina, from intake through placement services. MRS is based upon the application of family-centered principles of partnership through seven strategies. For a thorough explanation of each of the seven strategies please refer to Page 2 of the Family Services Manual Volume I; Chapter VIII; Section 1436 – Best Practice Guidance for Social Worker Well-Being.

In keeping with CCPT responsibilities, the CCPT has a key role in assuring the success of MRS by:

- Assessing the county for resources and services needed by families to provide adequate care for children
- Developing strategies to address gaps in services and resources
- Educating the county about MRS

XIII. ADVOCACY

Some advocacy strategies adopted by teams and recommended for consideration are:

- **A.** Involvement of the media in educating the community about gaps in community services
- **B.** Utilization of resources available through member agencies to create services in response to identified gaps
- **C.** Sharing of information about under-utilized resources in the community which help to address service gaps
- **D.** Directing concerns to the board of county commissioners about trends in abuse or neglect that suggest a need for increased or changed services in the community, and advocate for necessary resources to facilitate change.

XIV. ACCESS TO RECORDS (N.C.G.S. §7B-1413)

A. Meetings of the CCPT are not subject to the provisions of the Open Meetings Law (N.C.G.S. §143-318.10). However, local teams may hold periodic public meetings to discuss in a general manner, not revealing confidential information, about children and families, the findings of their reviews and their recommendations for preventive actions. Minutes of all public meetings, excluding those of executive sessions, shall be kept in compliance with Article 33C of Chapter 143 of North Carolina General Statutes. These minutes shall be permanent public records and shall be

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maintained according to the standard administrative record retention schedule.

- **B.** Information regarding individual clients shall be discussed in **executive session**. If any minutes are generated in the executive session, they shall be sealed from public inspection.
- C. Local teams shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of the law, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records. The team may not, as part of the reviews authorize by law, contact, question, or interview the child, the parent of the child, or any other family member of the child whose record is being reviewed. Cases receiving child protective services at the time of review shall document the CCPT review as well as CCPT recommendations. Additional documentation shall be at the discretion of the director of the county DSS.
- **D.** The county director shall maintain lists of participants for each team meeting and confidentiality statements signed by team members and invited participants. Such records shall be maintained by the standard administrative record retention schedule.

XV. CONFIDENTIALITY (N.C.G.S. §108A-80; N.C.G.S. §7B-1413)

A. This statute states that unless specifically excepted,

"it shall be unlawful for any person to obtain, disclose or use, or to authorize, permit, or acquiesce in the use of any list of names or other information concerning persons applying for or receiving public assistance or social services that may be directly or indirectly derived from the records, files or communications of the Department or the county boards of social services, or county departments of social services or acquired in the course of performing official duties except for the purposes directly connected with the administration of the programs of public assistance and social services in accordance with federal law, rules and regulations, and the rules of the Social Services Commission or the Department."

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- C. Confidential information and records acquired or created by the CCPT in the exercise of its duties are not subject to discovery or introduction into evidence in any proceedings and may only be disclosed as necessary to carry out the purposes of the team. (N.C.G.S. §7B-1413(c))
- D. No member of the CCPT, nor any person attending a meeting of the team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meetings. This does not prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.
- E. The county director is authorized to share with the community child team any information available to him or her that is needed by the team members in the execution of their duties. In reviewing non-fatality cases CCPT shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of CCPT, including police investigation data, medical examiner investigative data, health records, mental health and social services records.
- **F.** The federal Family Educational Rights and Privacy Act (FERPA), which is commonly known as the "Buckley Bill", limits with certain exceptions, the disclosure of information contained in public school records. One such exception pertinent to the purposes of a CCPT in reviewing non-fatality cases is when the health and safety of the student is in question. Thus, a public school whose student is the subject of an active protective service case may respond to an inquiry from the CCPT.
- G. Information from alcohol and drug treatment programs is protected by federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. The individual receiving these alcohol or drug treatment services must give written consent on the federal Consent for the Release of Confidential Information form. A general authorization for the release of medical or other information is NOT sufficient for this purpose. To obtain information from alcohol and substance abuse records without written consent from the patient CCPT must obtain a court order after a special hearing.
- H. Each team member and invited participant shall sign a statement indicating their understanding of and adherence to confidentiality requirements including possible civil and criminal consequences of any breach of confidentiality. Rules regarding confidentiality shall apply to any personal files that are created or maintained by any team member or invited participant. A sample Confidentiality Agreement is provided here as Attachment A.

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- I. Team members are permitted to share with their respective agencies, on a need-to-know basis, information acquired at a CCPT meeting regarding a current client or referred case.
- J. Members of the team who have access to client information and fail to comply with the rules of confidentiality shall be denied access to confidential information and are subject to dismissal from the team.
- **K.** Any invited participant who is given access to client information during the team review and fails to comply with the rules of confidentiality shall be denied participation in further team reviews.
- L. The county director shall not share any information that discloses the identity of individuals who have reported suspected abuse, neglect, or dependency to the county DSS.
- **M.** Minutes of the general session shall not contain case specific information.

XVI. LIABILITY OF TEAM MEMBERS

Team members have no responsibility for case decisions or service provision, as their role is advisory. Therefore, it is the opinion of the Attorney General that they as individuals, or as a group, would not have liability in a child protective services case.

XVII. CHILD FATALITY PREVENTION TEAMS (N.C.G.S. §7B-1406)

A. Each CCPT may review the records of all additional child fatalities and report findings in connection with these reviews to the Team Coordinator of the North Carolina Child Fatality Prevention Team (hereafter, CFPT) at the Department of Environment, Health, and Natural Resources.

Any CCPT that determines that it will not review additional child fatalities shall notify the CFPT Coordinator. In this case, a separate CFPT shall be established in that county to conduct these reviews. It was the responsibility of the statewide Child Fatality Team Coordinator to develop a plan to establish Child Fatality Review Teams in each county by July 1, 1995.

- **B.** According to N.C.G.S. §1407 a CCPT that chooses to review the records of additional (non-CPS) child fatalities shall include the following five additional members:
 - 1. An emergency medical services provider or firefighter, appointed by the board of county commissioners

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- 2. A district court judge, appointed by the chief district court judge in that district
- 3. A county medical examiner, appointed by the Chief Medical Examiner
- 4. A representative of a local child care facility or Head Start Program, appointed by the director of the county DSS
- 5. A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.

The Team Coordinator of the CFPT shall serve as an **ex officio** member of each local team that reviews the records of additional child fatalities.

C. Reports by the Child Fatality Prevention Team

N.C.G.S. §7B-1406 requires that reports regarding fatalities which are submitted to the Team Coordinator of the North Carolina CFPT shall contain:

- 1. A listing of the system problems identified through the review process, and recommendations for preventative actions
- 2. Any changes that resulted from the recommendations made by the local team
- 3. Information about each death reviewed
- 4. Any additional information requested by the Team Coordinator.
- **D.** Role of the Director of the Local Department of Health (N.C.G.S. §7B-1410)

When the CCPT reviews additional (non-CPS) child deaths, the Director of the local department of health shall assume responsibility for the following tasks:

- Distribute copies of the CFPT handbook developed by the Team Coordinator under <u>N.C.G.S. §7B-1408</u> to the administrators of all agencies represented on the local team and to all members of the team
- 2. Maintain records, including minutes of all official meetings, lists of participants for each meeting of the local team, and signed

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confidentiality statements required under N.C.G.S. §7B-1413, in compliance with applicable rule and law

- 3. Provide staff support for non-CPS reviews of child deaths
- 4. Report quarterly to the local board of health, or as required by the board, on the activities of the local team.

XVIII. CONCLUSION

The CCPT is in a unique position to encourage wide community involvement in the prevention of abuse and neglect and in the protection of children at risk. Local teams have an opportunity to identify and respond to gaps in the prevention / protection service network, maximizing the use of limited resources through creative approaches to local issues.

Attachment A: Community Child Protection Team Confidentiality

Agreement

Community Child Protection Team Confidentialty Agreement

			County	
Child Protection Team met. We understand and acknowledge that the Community Child Protection Team is a multidisciplinary group regulated by law and administrative rule that reviews highly sensitive case information regarding child maltreatment as a part of its function. Members bring their diversity of background and expertise to the team, to review cases, assess the effectiveness of community resources, and to identify and address gaps in community services.				
		ndicate that we acknowledge an ned. This agreement specifically	d agree that the privacy of children and their families includes that:	
1.		Information learned through the team is confidential, and may not be shared outside the team meetings except as specified;		
2.	Information may only be shared by the member with his/her home agency on a need-to-know basis regarding a current client or referred case;			
3.	If members keep personal notes or files which contain confidential information, such notes are protected by confidentiality rules and must be safeguarded;			
4.	A breach of confidentiality is a misdemeanor and civil offense punishable by fine and/or subject to lawsuit; further, any invited participant who is given access to client information during the team review and fails to comply with the rules of confidentiality shall be denied further participation in team reviews and shall be dismissed from the team.			
	Signed		Signed	
	Signed		DSS Director	

Chairperson _____